

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Georgia Driver's History Consent Form**

I hereby authorize the \_\_\_\_\_  
(Fire department / law enforcement agency name)

To receive a copy of my Georgia driver's history information as part of my application for criminal justice employment , or for use relative to the performance of my official duties with this agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Purpose Code-J-

ARN \_\_\_\_\_